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Fill	in this information to identify your	case:							
Del	otor 1 Sherri Nor	ris			_				
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for t	he: NORTHERN DISTRIC	CT OF ILLINOIS		_				
Cas	se number 15-30393		_			Check if this is:			
(If kr	nown)					An amende	0		
						A suppleme	ent showing as of the fol	post-petition lowing date:	chapter
0	fficial Form B 6I					MM / DD/ Y	YYY	-	
S	chedule I: Your Inc	come							12/13
spo atta	plying correct information. If you are separated and you are separated and you a separate sheet to this form 11: Describe Employment	our spouse is not filing win. On the top of any additi	th you, do not includ	de infor	mati	on about your spo	use. If mor	re space is r	needed,
1.	Fill in your employment information.		Debtor 1	Debtor 2	Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	☐ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	■ Not employed			☐ Not er	mployed		
	employers.	Occupation	Recess and Lun	ch Co	ach				
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include studen or homemaker, if it applies.	t Employer's address							
		How long employed the	here?						
Par	t 2: Give Details About M	onthly Income							
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 in the	space. Incli	ude your nor	n-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	n for all	emplo	oyers for that perso	n on the line	es below. If y	ou need
						For Debtor 1	For Debt	tor 2 or g spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	906.00	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3.	+\$	0.00	+\$	N/A	

906.00

N/A

4. **Calculate gross Income.** Add line 2 + line 3.

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Debt	tor 1	Sherri Norris	_	(Case	number (if known)	_	15-303	393		
					For	Debtor 1			ebtor iling s	2 or pouse	
	Cop	by line 4 here	4.		\$_	906.00		\$		N/A	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	0.00)	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5k		<u> </u>	0.00	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50	Э.	\$	0.00	_	\$		N/A	
	5d.	Required repayments of retirement fund loans	50	d.	\$_	0.00		\$		N/A	_
	5e.	Insurance	56		\$_	0.00	_	\$		N/A	
	5f.	Domestic support obligations	5f		\$_ \$	0.00	_	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5k	კ. 1.+	\$ _	0.00 0.00	_	\$ ·\$		N/A N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ \$		_	\$			_
					Ť —	0.00	_	· —		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	906.00	_	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$	2,198.00	1	\$		N/A	
	8b.	Interest and dividends	8k		<u> </u>	0.00	_	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	С.	\$	252.00	_	\$		N/A	_
	8d.	Unemployment compensation	80	d.	\$_	0.00	_	\$		N/A	
	8e.	Social Security	86	Э.	\$_	0.00	_	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$	0.00	_	\$		N/A	
	8g.	Pension or retirement income	80	-	\$	0.00		\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8r	Դ.+	\$_	0.00	. + -	. \$		N/A	<u> </u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	2,450.00		\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,356.00 +			N/A	= \$	3,356.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		3,330.00	_		14/7	_	3,330.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$									0.00		
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	3,356.00
13.	Do	you expect an increase or decrease within the year after you file this form	?							Combi month	ned ly income
		No.									
	_	Voc. Evoloin:									

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Sherri Norris	3			Che	eck if this is:	
Deb	tor 2						An amended filing	wing post-petition chapter
	ouse, if filing)					Ц	13 expenses as of	
Unit	ed States Bankr	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
Cas	e number 15	5-30393						r Debtor 2 because Debtor
(If kı	nown)						2 maintains a sepa	rate household
Of	fficial Fo	rm B 6.J						
		J: Your	Exper	nses				12/13
Be	as complete a	and accurate as	possible eded, atta	. If two married people ar ch another sheet to this t				
Par		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a separ	ate household?				
	□и	0	•	parate Schedule J.				
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the			_			□ No
	dependents'	names.			Son		6	■ Yes □ No
								☐ Yes
								□ No
							<u> </u>	☐ Yes
								□ No □ Yes
3.		enses include f people other t	han I	No				_ 100
	•	d your depende		Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance it luded it on <i>Schedule I:</i> Y			Your exp	enses
•		•						
4.		or home owners and any rent for the		ses for your residence. In or lot.	nclude first mortgage	4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	116.00
	•	rty, homeowner's				4b.	·	0.00
		maintenance, re owner's associat		upkeep expenses		4c. 4d.	·	0.00
5.				oominium dues our residence, such as hoi	me equity loans	4a. 5.		464.00 0.00

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Debtor 1 Sherri Norris		Case numl	oer (if known)	15-30393
6. Utilities:				
 Utilities: 6a. Electricity, heat, nature 	ral nas	6a.	\$	50.00
6b. Water, sewer, garbag	•	6b.	·	0.00
	e, Internet, satellite, and cable services	6c.	· —	0.00
6d. Other. Specify: Ca		6d.	·	38.00
	Die/internet		φ	
Cell phone	······································		Φ	50.00
Food and housekeeping s Childcare and children's e	• •	7.	\$	250.00
Childcare and children's e		8.	\$	0.00
Clothing, laundry, and dry		9.	\$	55.00
Personal care products ar		10.	\$	50.00
Medical and dental expens		11.	\$	0.00
	s, maintenance, bus or train fare.	12.	\$	50.00
Do not include car payment	s. eation, newspapers, magazines, and books	13.	·	0.00
Charitable contributions a		14.	·	0.00
Insurance.	ind religious dollations	14.	Φ	0.00
	educted from your pay or included in lines 4 or 20.			
15a. Life insurance	ducted from your pay or included in lines 4 or 20.	15a.	\$	100.00
15b. Health insurance		15b.	·	0.00
15c. Vehicle insurance		15c.		130.00
15d. Other insurance. Spec	sifv.	15d.	*	0.00
·	s deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
Installment or lease paym	ents:		·	<u> </u>
17a. Car payments for Veh		17a.	\$	0.00
17b. Car payments for Veh		17b.	\$	0.00
17c. Other. Specify:		17c.	·	0.00
17d. Other. Specify:		17d.	·	0.00
	, maintenance, and support that you did not report a			0.00
deducted from your pay o	n line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
Other payments you make	to support others who do not live with you.		\$	0.00
Specify:		19.		
Other real property expen	ses not included in lines 4 or 5 of this form or on Scl	hedule I: Yo	ur Income.	
20a. Mortgages on other p	roperty	20a.	\$	400.00
20b. Real estate taxes		20b.	\$	0.00
20c. Property, homeowner	's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair,	and upkeep expenses	20d.	\$	0.00
20e. Homeowner's associa	ation or condominium dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
			Φ.	
Your monthly expenses. A	S .	22.	\$	1,753.00
The result is your monthly e	•			
Calculate your monthly ne		225	œ	2.250.00
	mbined monthly income) from Schedule I.	23a.	·	3,356.00
23b. Copy your monthly ex	cpenses from line 22 above.	23b.	-Ф	1,753.00
220 Cubtrast vaur manthi	v ovnances from your monthly income			
	y expenses from your monthly income.	23c.	\$	1,603.00
For example, do you expect to f modification to the terms of you	e or decrease in your expenses within the year after y inish paying for your car loan within the year or do you expect yo	you file this	form?	<u> </u>
■ No.				
☐ Yes.				
Explain:				